


Organizations complete only the applicable blocks and attach separate resumes with the names, signatures, titles and qualifications of those persons who would actually perform the authorized functions.

 <div style="display: inline-block; vertical-align: middle;"> STATEMENT OF QUALIFICATIONS (DAR—ODAR—DMIR—DER) </div>		<i>Form Approved OMB-XXXX-XXXX</i>	
US Department of Transportation Federal Aviation Administration		3. U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSTRUCTIONS: <i>Print or type all entries except signatures</i>			
1. NAME (<i>Last, first, middle</i>) OR ORGANIZATION		PHONE NUMBER	4. SOCIAL SECURITY NO.
2. ADDRESS (<i>Number, street, city, state, and ZIP code</i>)		5. DATE OF BIRTH	
6. DESIGNATION SOUGHT			
<input type="checkbox"/> Designated Manufacturing Inspection Representative (DMIR)			
<input type="checkbox"/> Designated Engineering Representative (DER) <input type="checkbox"/> Company <input type="checkbox"/> Consultant		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Structural Engineering</div> <div style="width: 50%;"><input type="checkbox"/> Engine Engineering</div> <div style="width: 50%;"><input type="checkbox"/> Powerplant Engineering</div> <div style="width: 50%;"><input type="checkbox"/> Propeller Engineering</div> <div style="width: 50%;"><input type="checkbox"/> Systems and Equipment Engineering</div> <div style="width: 50%;"><input type="checkbox"/> Flight Analyst</div> <div style="width: 50%;"><input type="checkbox"/> Acoustical Engineering</div> <div style="width: 50%;"><input type="checkbox"/> Flight Test Pilot</div> </div>	
<input type="checkbox"/> Designated Airworthiness Representative (DAR) <input type="checkbox"/> Organizational Designated Airworthiness Representative (ODAR)		<input type="checkbox"/> Manufacturing Function(s) <input type="checkbox"/> Maintenance Function(s)	
NOTE: A separate application must be submitted for manufacturing and maintenance.			
Applicants shall identify specific function(s) for which appointment is sought:			
7. EXPERIENCE RESUME FOR NUMBER OF YEARS, AS APPROPRIATE, PERTINENT TO DESIGNATION SOUGHT. (<i>Use additional sheets if necessary</i>)			
Dates			
From	To		
		Employer's Name	
		Position Title and Duties	
8. EDUCATION AND TRAINING HIGH SCHOOL LEVEL AND ABOVE PERTINENT TO DESIGNATION SOUGHT.			
Dates			
From	To		
		Name of School	
		Curriculum or Study Program	
		Degrees Received	
9. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT.			
Type	Certificate No.	Rating	Date Each Rating Issued
10. EMPLOYER'S RECOMMENDATION (<i>To be completed for Company DER, DMIR, ODAR only</i>)			
I recommend the person identified above be appointed as:			
<input type="checkbox"/> Designated Engineering Representative		<input type="checkbox"/> Designated Manufacturing Inspection Representative	
<input type="checkbox"/> Organizational Designated Airworthiness Representative			
Date	Primary Business	Signature	
11. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED (<i>To be completed for DAR only</i>)			
Address			Telephone Number
12. CERTIFICATION: I certify that the above statements are true to the best of my knowledge and that I am familiar with the Federal Aviation Regulations pertinent to the designation sought.			
Date		Signature	

